



ACCEPTANCE OF CALIFORNIA HOME VISITING PROGRAM (CHVP) EXPANSION FUNDS

*County of San Diego Health and Human Services Agency
Public Health Services, Maternal Child and Family Health Services
Health Services Advisory Board
February 4, 2020*





BOARD LETTER

Requesting the Health Services Advisory Board's support for the Board of Supervisors to approve and authorize the Clerk of the Board to execute:

A new agreement with the California Department of Public Health for the California Home Visiting Program (CHVP) expansion grant funds from March 6, 2020 through September 30, 2023 for \$703,718 annually for a total of 2,814,872.



LIVE WELL
SAN DIEGO

**Building
Better
Health**

**Living
Safely**

Thriving

This supports the County's vision of *Live Well San Diego* by improving access to quality healthcare for mothers, infants, children, adolescents, and families.

- Supports the Healthy Families Strategic Initiative in the County of San Diego's 2019-2024 Strategic Plan
- Ensures that San Diego County has fully optimized its health service delivery system for mothers, children, and families to be healthy, safe, and thriving.






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California Home Visiting Program (CHVP)



BACKGROUND



California Home Visiting Program (CHVP) is a result of the Patient Protection Affordable Care Act of 2010.



County of San Diego Board of Supervisors has approved to accept CHVP funding since 2012.

CHVP has been implemented in the County's North Inland and North Coastal Regions for the past 8.5 years.

- Nurse Family Partnership evidenced based home visiting program is implemented.

FUNDING LEVELS



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Fiscal Year	CHVP Federal Title V Funds Budget	CHVP Expansion – State General Funds Budget
2011-2012	\$415,647	N/A
2012-2013	\$842,022	N/A
2013-2014	\$842,022	N/A
2014-2015	\$842,022	N/A
2015-2016	\$972,022	N/A
2016-2017	\$842,022	N/A
2017-2018	\$759,415	N/A
2018-2019	\$759,415	N/A
2019-2020 (FFY 15 months)*	\$950,968	\$703,718
2020-2021	\$759,415	\$703,718
2021-2022	\$759,415	\$703,718
2022-2023	\$759,415	\$703,718

*Federal Fiscal Year (FFY) beginning 7/1/19-9/30/20

OVERARCHING GOALS



Improve pregnancy and birth outcomes.

Decrease incidence of low birth weight and prematurity.

Reduce fetal and infant deaths.

Improve child health and development.

Ensure access to and utilization of health care and social services.

Build upon individual strengths and improve economic self-sufficiency.

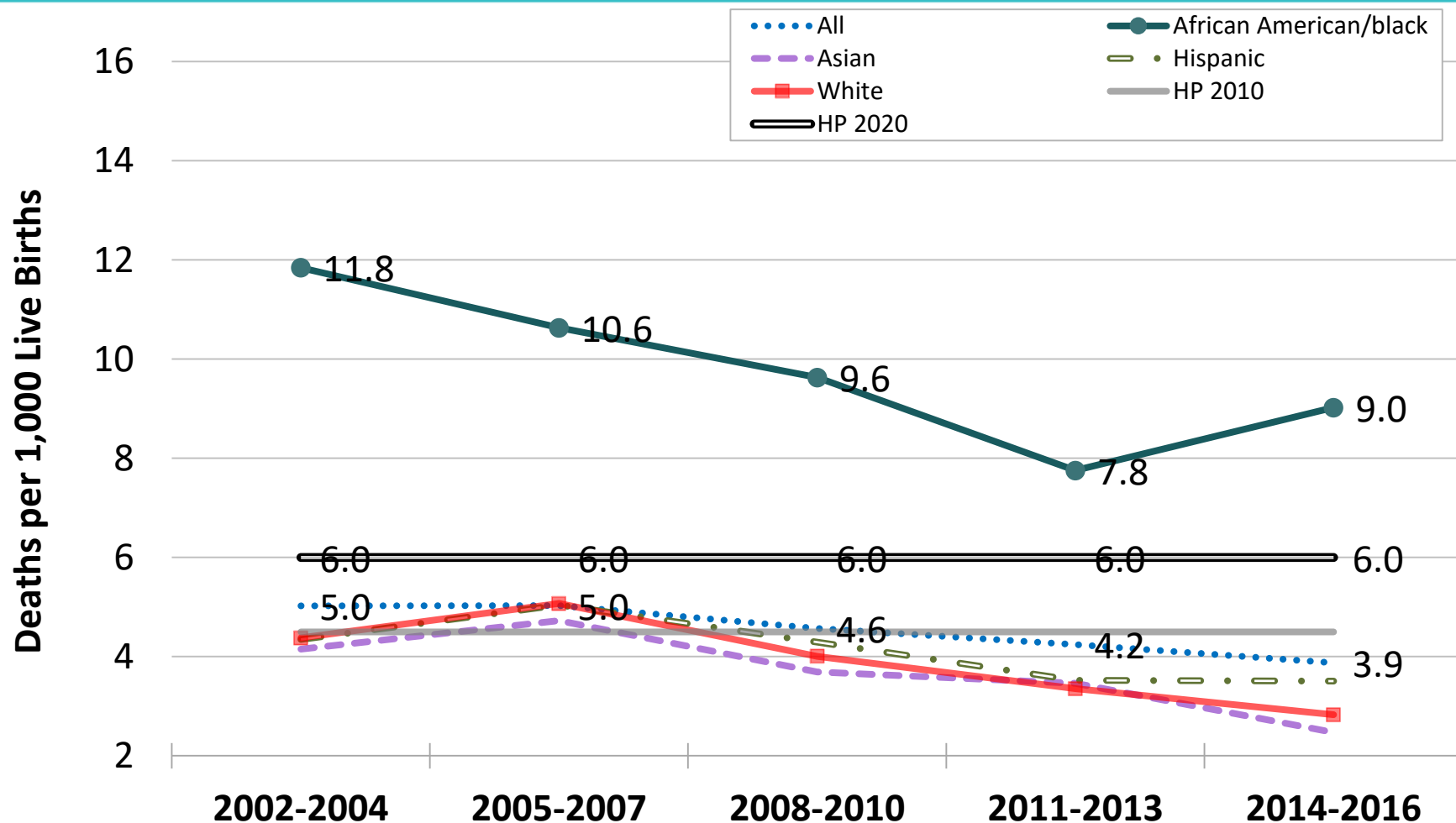
Increase knowledge to improve health and well being.

Build partnerships and mobilize community.

INFANT MORTALITY RATE BY RACE/ ETHNICITY SAN DIEGO RESIDENTS

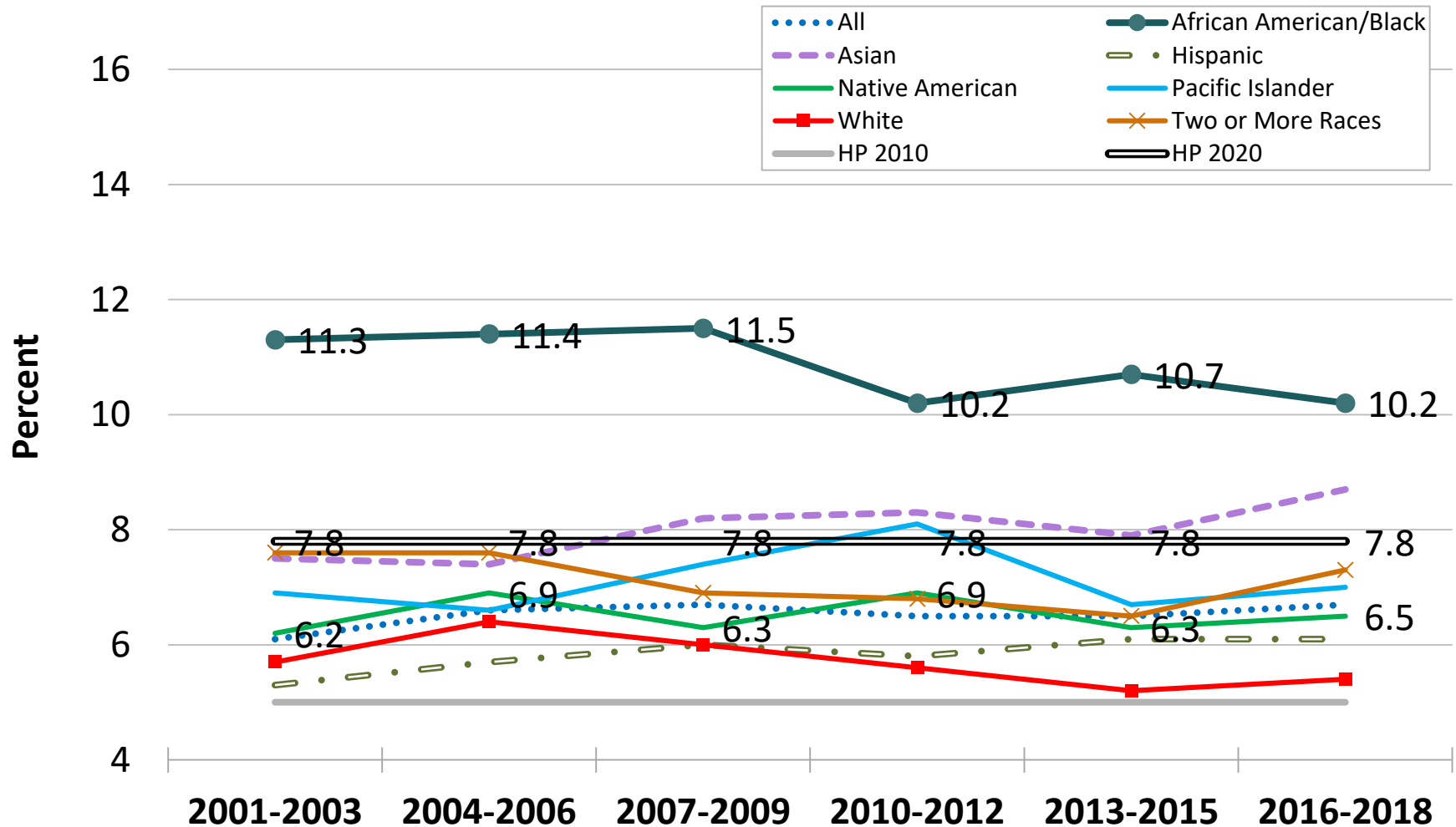


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- Unknown race/ethnicity and groups with fewer than 20 events in any period are not shown (Native American/Alaskan, Pacific Islander, Other, and Two or more races).
- Source: CDPH, Health Information and Research Section, Birth Cohort Statistical Master Files.
- Prepared by: County of San Diego, Health and Human Services Agency, Public Health Services, MCFHS.

LOW BIRTHWEIGHT BIRTHS BY RACE/ETHNICITY SAN DIEGO RESIDENTS

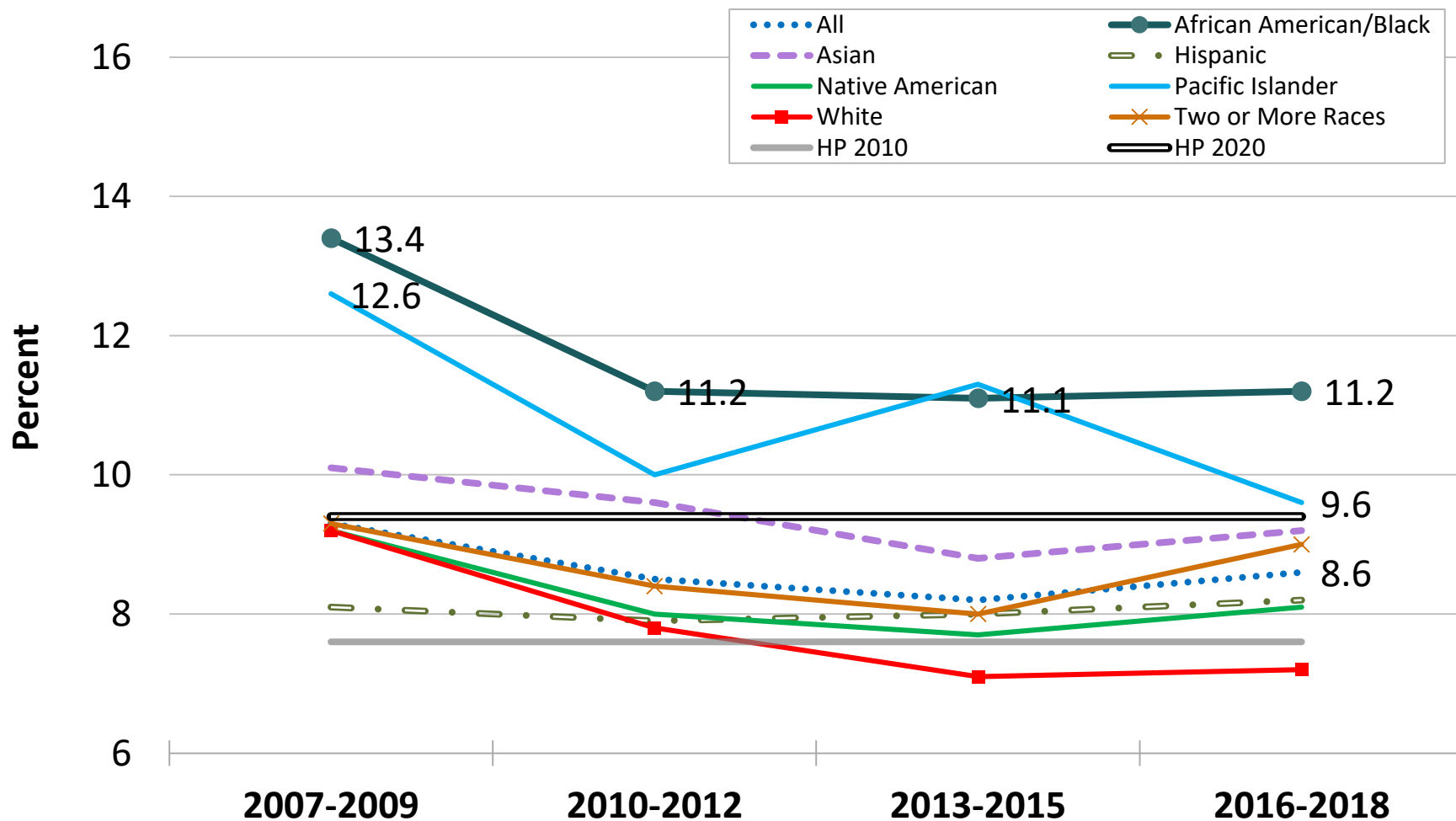


- Unknown race/ethnicity and groups with fewer than 20 events in any period are not shown (Other).
- Source: CDPH, Health Information and Research Section, Birth Statistical Master Files.
- Prepared by: County of San Diego, Health and Human Services Agency, Public Health Services, MCFHS.

PRETERM BIRTHS BY RACE/ETHNICITY SAN DIEGO RESIDENTS



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- Unknown race/ethnicity and groups with fewer than 20 events in any period are not shown (Other).
- Source: CDPH, Health Information and Research Section, Birth Statistical Master Files.
- Prepared by: County of San Diego, Health and Human Services Agency, Public Health Services, MCFHS.

CALIFORNIA HOME VISITING PROGRAM



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Goal	To promote maternal health and well-being, improve infant and child health and development, strengthen family functioning, and cultivate strong communities.
Who We Serve	Pregnant, first-time mothers who must be enrolled by the 28th week of pregnancy.
Service Delivery	Services are provided by a Public Health Nurse in the family's home.



CALIFORNIA HOME VISITING PROGRAM



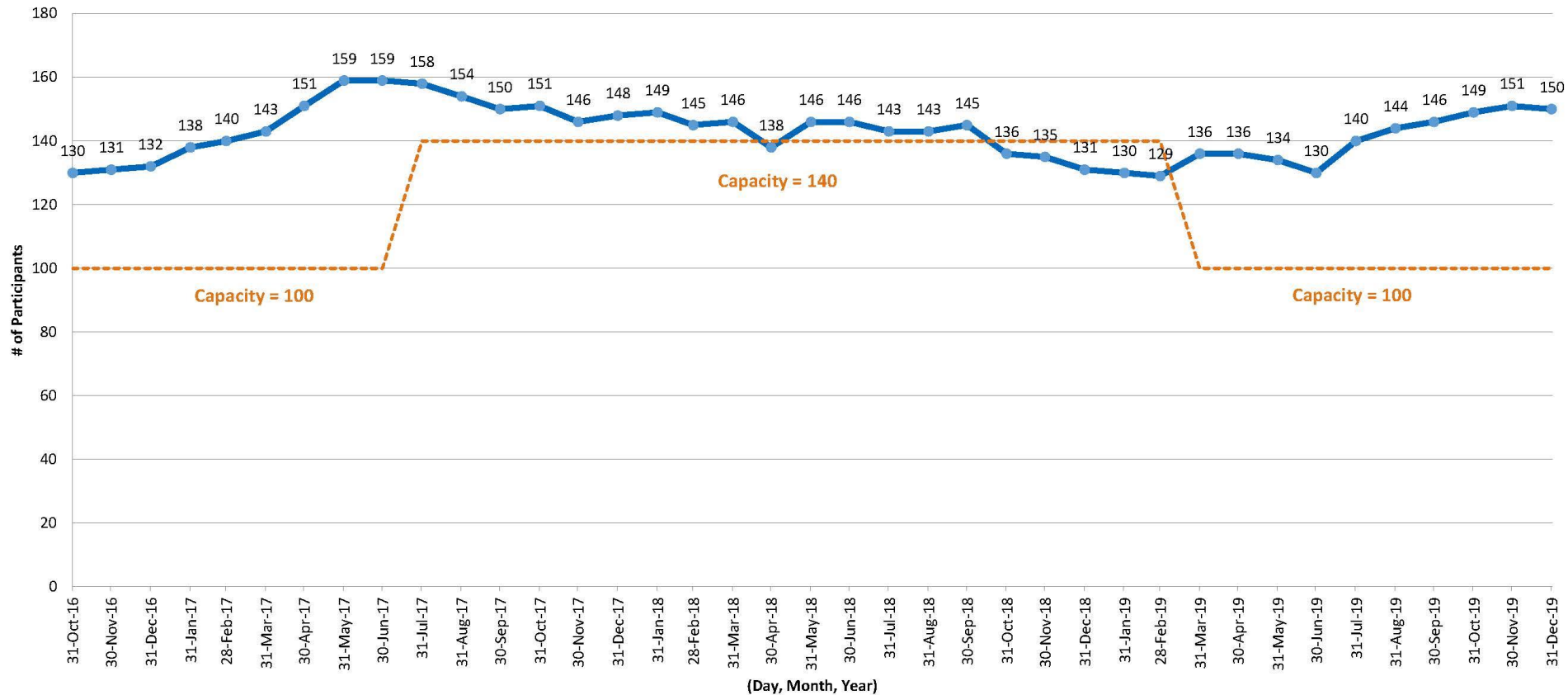
Program Services

- Case management to moms and their infants up to age 2
- Coordinate with community agencies to decrease gaps in services and improve referral pathways
- Provide education and assessments to:
 - Prevent childhood injuries and abuse
 - Reduce emergency department visits
 - Improve school readiness
 - Improve family economic self-sufficiency

CASELOAD DATA



California Home Visiting Program Nurse Family Partnership - San Diego Historical Caseload Graph



Active caseload is defined as the number of participants who were active on the last day of each month.



Last Updated: 1/10/20
Data used from
NFP Data Extract

CALIFORNIA HOME VISITING PROGRAM (CHVP) - NFP



FISCAL YEAR (FY) 2018-19 EXAMPLE PERFORMANCE MEASURES	San Diego CHVP
	FY 18-19
Percent of infants who were up-to-date with their well-child exams at the 12-month assessment during PHN home visit.	91.7% (11/12)
Percent of infants who received a 6-month assessment during PHN home visit who were breastfed to 6-months of age.	52.2% (12/23)
Percent of children with positive screens for developmental delays by their home visitor.	16.7% (7/42)
Percent of participants who were screened for depression with the PHQ-9 tool during a PHN home visit.	4.7% (4/85)
Percent of participants with positive screens for depression who were referred to a health care provider or mental health treatment/support resources.	75.0% (3/4)

CALIFORNIA HOME VISITING PROGRAM (CHVP) - NFP



FISCAL YEAR (FY) 2017-18 EXAMPLE PERFORMANCE MEASURES	San Diego CHVP	California CHVP
	FY 17-18	FY 17-18
Percent of infants who were born preterm among participants who enrolled prenatally before 37 weeks gestation.	1.9% (1/52)	7.6% (45/593)
Percent of infants who were breastfed any amount at 6 months of age among participants who enrolled prenatally.	60.0% (24/40)	54.9% (272/495)
Percent of participants who were either screened for depression within 3 months of enrollment of delivery.	74.5% (41/55)	78.6% (515/655)
Percent of children who received the last recommended well-child visit based on the American Academy of pediatrics (AAP) schedule.	50.9% (86/169)	52.7% (923/1,753)
Percent of participants with positive screens for depression who were referred to services by their home visitor and received mental health services.	100.0% (2/2)	44.6% (29/65)
Percent of children with positive screens for developmental delays who were referred to early intervention services by their home visitor and received an evaluation within 45 days.	32.0% (8/25)	23.0% (46/200)

SUCCESS STORY



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- One of the home visiting participants was diagnosed with Rheumatoid Arthritis during her pregnancy. She suffered from pain, in her arms, shoulders, and back.
- The PHN referred her to Mother to Baby for a consultation on the effects of the medications she was taking on her baby.
- The PHN began breastfeeding education early in the relationship and continued to support the mom until she was ready to stop.
- After the birth, the PHN noticed that the mother was not holding the infant very often. When she questioned her, the mom confessed that it was too painful; following SIDS guidelines, the PHN taught her how to use a wrap to hold the baby to her chest.
- This allowed bonding time and allowed her arms to be free to do task and to lessen the pain.



CHVP EXPANSION FUNDING



CHALLENGES

Spending year 1 funding in a short-time frame.

Ensuring staffing and resources are available.

Expanding to another County Region.



SOLUTIONS

Identifying resources needed for CHVP expansion.

Coordinating with County Region and State.

Identifying County Region to implement service based on need.

DISCUSSION & QUESTIONS



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Maternal, Child, and Family Health Services (MCFHS)

www.sdcmfhs.org



On May 17, 2016, the County of San Diego Health and Human Services Agency Department of Public Health Services received accreditation from the Public Health Accreditation Board.